<u>ه</u> .		· .													
	ا ا	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 875)						SERVAL NO. 517007 FILING DATE APPLICANT(S)							
		AS FILE		APTER AFTER 1st AMENDMENT 2nd AMENDME			CLAIN	s	· •				<u> </u>		
		IND.! D	EP. IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND	DEP.		DEP.	
				<u>. </u>				51 52			 			-	
	1-1		- 	1	-			58			上			 	
	6							54 55		-	┼		<u> </u>		
	7			+	ļ			56					1.		
	8	-:						57 58			-	-			
	10			╁┼	 			89							
	- 11							60 61	 -		├	+			
	12							62							
•	14							68				┼	-		
	15 16		+		\vdash			65							
	17 18						ł	66				+			
	19	· -	-				·	68							
	· 20			-			ŧ	69 70				+			
	22						- [71					•		
	28						Ŀ	72			·	+			
	25		1				}	74					7		
	26		-				t	76	$\neg \uparrow$			┼			
	28		<u> </u>				F	77 78							
	30		-					79			_:	 			
	31					,		80 81	-4			·			
	32	 	++				þ	82			<u> </u>			-	
	34						· -	83 84	_						
	35 36		+			\Box	-	85							
•	37				_		-	86							
	38		┪					88							
	40						}	89							
	41		+		$ \bot$	\Box	F	91							
	48						-	92	-+						
	45		++		 -]	F	94							
	46			二			-	96		 -					
	48		╁╾┼				. [97			·				
	49 50						-	98	-+	 -}					
•	TOTAL		1 - 	-				100	_						
	TOTAL DEP.		الجار	۱ ا	J_	ا ا		D.	_ل_	1 -		1		. 1	
	CLAIMS .						ģ	TAL AIMS	- T		•	100			
	PTO-1360 (3-78)			EED POR		ANT CS	AINS OR	AMENDA	CENTS	ya. Di	ABTMEN	of COM	ERCE	
	•														
			•		•									•	
	•														
										•					